



TEXAS DEPARTMENT OF HEALTH  
AUSTIN TEXAS  
INTER-OFFICE

03-054

**TO:** WIC Regional Directors  
WIC Local Agency Directors

**FROM:** Barbara Keir, Director (original signed)  
Division of Public Health Nutrition and Education  
Bureau of Nutrition Services

**DATE:** May 16, 2003

**SUBJECT:** WIC Health Assessment and Interest Survey

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To obtain input from WIC clerks about their interest in worksite health promotion activities, your assistance is requested. Attached to this memo is a survey about worksite health promotion. Please allow your clerks to take a few moments to fill out the survey. Ideally, the survey should be filled out by 2 to 4 local agency clerks. Fax completed surveys to **Matt Harrington by Monday, June 2, 2003 at (512) 458-7609.**

If you have questions, contact Matt Harrington, Clinical Nutrition Specialist at (512) 458-7111, extension 3576 or [matt.harrington@tdh.state.tx.us](mailto:matt.harrington@tdh.state.tx.us).

Attachment

## WIC Health Assessment and Interest Survey

The purpose of this survey is to obtain input from WIC employees about their interest in worksite health promotion activities.

### First, about your current health indicators...

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I usually eat three nutritious meals daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I often eat on the run, skipping meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I eat breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am about the right weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would like to lose weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am more than 20 pounds over my healthy weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I usually get a good night's sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It is difficult for me to balance work, rest and play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I experience great stress at least several days a week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I regularly practice some type of stress management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### About your current physical activity...

This section deals with the time you spend doing “moderate” physical activity most days of the week for an accumulated 30 minutes/day. Moderate physical activity or exercise includes activities such as brisk walking, jogging, swimming, aerobic dancing, biking, rowing, etc. Activities that are primarily sedentary, such as bowling or playing golf with a golf cart, would not be considered exercise.

Please read the following and check **Yes** or **No** to all items.

11. I currently engage in physical activity most days. ☐ Yes ☐ No
12. I intend to engage in regular physical activity in the next 6 months. ☐ Yes ☐ No
13. I intend to increase my physical activity in the next 6 months. ☐ Yes ☐ No
14. I am regularly physically active. ☐ Yes ☐ No
15. I have been regularly physically active for the past 6 months. ☐ Yes ☐ No

### About your current fruit and vegetable intake...

Please read the following and check **Yes** or **No** to all items.

16. I currently eat some fruits and vegetables most days. ☐ Yes ☐ No
17. I intend to increase my fruit and vegetable consumption in the next six months. ☐ Yes ☐ No
18. I intend to eat 5 or more servings of fruits and vegetables per day in the next 6 months. ☐ Yes ☐ No
19. I currently eat 5 or more servings of fruits and vegetables per day. ☐ Yes ☐ No
20. I have eaten 5 or more servings of fruits and vegetables per day for the past 6 months. ☐ Yes ☐ No

### About your tobacco and alcohol use...

21. How would you classify your current use of cigarettes?

- ☐ Current cigarette smoker ( \_\_\_ cigarettes per day)
- ☐ Never smoked/smoked less than 100 cigarettes in my lifetime.
- ☐ Ex-smoker (years quit \_\_\_ or \_\_\_ months if less than one year)

22. In the past 30 days, on how many occasions have you had an alcoholic drink? (Choose one answer.)

<input type="checkbox"/> 0 occasions	<input type="checkbox"/> 10 to 19 occasions
<input type="checkbox"/> 1 to 2 occasions	<input type="checkbox"/> 20 to 39 occasions
<input type="checkbox"/> 3 to 5 occasions	<input type="checkbox"/> 40 or more occasions
<input type="checkbox"/> 6 to 9 occasions	

23. In the past 30 days, on those occasions when you drank alcohol, how many drinks on average did you usually have? (Choose one answer.)

<input type="checkbox"/> 0 drinks	<input type="checkbox"/> 5 drinks
<input type="checkbox"/> 1 drink	<input type="checkbox"/> 6 drinks
<input type="checkbox"/> 2 drinks	<input type="checkbox"/> 7 drinks
<input type="checkbox"/> 3 drinks	<input type="checkbox"/> 8 or more drinks
<input type="checkbox"/> 4 drinks	

### About your work climate...

	Strongly Disagree	Disagree	Agree	Strongly Agree
24. My agency cares about its employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My agency has a positive outlook (for example, employees enjoy their work, celebrate accomplishments, adopt a “we can” attitude, and bring out the best in each other).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Employees share credit for success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Employees at my agency are taught skills needed to achieve a healthy lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Employees are rewarded and recognized for their efforts to live a healthy lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### About your program interests...

Please indicate what your agency currently has and how interested you would be to receive information or participate in worksite programs in each of the following areas:

	Currently have at my agency		Interested in having at my agency		
	Yes	No	Not Interested	Somewhat interested	Extremely Interested
29. Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Walking program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Video-guided aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Stretching/strengthening classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Weight loss and nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Managing chronic disease conditions (e.g. diabetes, hypertension).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Back care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Elder care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Describe any barriers that might keep you from participating in worksite wellness activities.

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Please indicate how likely you would be to participate in a health promotion program at the following times:

	Extremely Unlikely	Somewhat Unlikely	Somewhat Likely	Extremely Likely
40. Before work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. During lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. After work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Would you be interested in a health program that could include family members? ☐ Yes ☐ No

### Demographic Information

45. What was your age on your last birthday?

- |   |  |
|---|--|
| <input type="checkbox"/> Under 20 years | <input type="checkbox"/> 40-49 years       |
| <input type="checkbox"/> 20-29 years    | <input type="checkbox"/> 50-59 years       |
| <input type="checkbox"/> 30-39 years    | <input type="checkbox"/> 60 years and over |

46. What is your sex? ☐ Female ☐ Male

47. What is your height? \_\_\_\_\_ ft. \_\_\_\_\_ in

48. What is your weight? \_\_\_\_\_ lbs.

49. Marital status: ☐ Single ☐ Married ☐ Separated/divorced ☐ Widowed

50. Children: How many? \_\_\_\_\_ Ages \_\_\_\_\_

51. Educational level:

- ☐ Less than 12 years of school
- ☐ High school graduate or GED
- ☐ Trade/Technical School
- ☐ College graduate

52. Your job category: (check any that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Clinic Supervisor  | <input type="checkbox"/> WIC Director                  |
| <input type="checkbox"/> Clerical           | <input type="checkbox"/> Certifying Authority          |
| <input type="checkbox"/> Nutrition Educator | <input type="checkbox"/> Other (please specify): _____ |

53. How many years have you worked for WIC? \_\_\_\_\_ years

54. How many total staff are employed at your WIC clinic? \_\_\_\_\_

55. What is the approximate population of your city/town? \_\_\_\_\_